

Psychological Distress

What is psychological distress?

Uneasy feelings of anxiety or depression in response to physical, spiritual, or emotional demands – or a combination of multiple demands – that result in temporary or permanent harm

What are the signs and symptoms of psychological distress?

- Feelings of anxiety, sadness, anger. Wanting to be alone
- Feeling “out of control” or overwhelmed much of the time
- Difficulty coping with everyday problems
- Unable to talk about ways to solve problems or talk about fears
- Needing the help of others to make decisions
- Trouble sleeping
- Not taking care of self
- Looking sad, frowning. Crying easily. Loss of hope or sense of comfort
- Laughing at odd times
- Aches and pain. Feeling that your heart is racing
- Thoughts of suicide or hastening death
- Not wanting to follow the advice of the healthcare team

What to report to the hospice/palliative care team?

- Any signs of behaviors listed above
- New onset of reckless behavior. Talking or thinking about suicide
- Firearms in home. Hoarding or stockpiling medications
- Seeing images or hearing voices not seen or heard by others
- History of psychiatric illness or history of use of medications taken for depression, anxiety, schizophrenia, dementia, or bipolar disorder
- Lack of interest in self or life in general
- If you experience a new problem, or if a current problem is getting worse and the present medication does not seem to be working
- Side effects of medications

What can be done for psychological distress?

Psychological distress is common with terminal diseases, especially if physical symptoms are present. Your healthcare team wants you to be physically comfortable. There is a direct link between how one feels physically and how one feels psychologically and emotionally.

Patients and Family

- Do not feel that you are bothering your healthcare team by asking questions
- Asking questions means you care

Patient

- You may not feel up to talking with many people. You may want to have one person to talk to whom you trust
- Try to have a daily routine including a regular sleep schedule
- Eat a balanced diet and exercise as you are able
- Avoid alcohol and non-prescribed drugs and herbal remedies
- Ask for and accept assistance from your team, including: family, friends, nurses, physicians, nursing assistants, social workers, chaplain

Family

- Provide calm, relaxing setting
- Be flexible. The patient may want to talk one day. The next he/she may need quiet and calm
- Be willing to be with them without having to “do” something
- If needed, help with medications. Report any medication side effects or changes in behavior
- Treat the patient with dignity and respect
- Don't be afraid to ask for help. Do not be hard on yourself with comments like “I should have done this or that” or “I should have known that”
- As much as you can, enjoy this time together and look for ways to make memories

Other HPNA Teaching Sheets on are available at www.HPNA.org.

Reference

Core Curriculum for the Generalist Hospice and Palliative Nurse. Dubuque, IA: Kendall/Hunt Publishing Company; 2010.

Fortin M, Hudon C, Bayliss EA, Soubhi H, Lapointe L. Caring for body and soul: The importance of recognizing and managing psychological distress in persons with multimorbidity. *International Journal of Psychiatry in Medicine*;2007;37(1):pages 1-9.

Approved by the HPNA Education Committee June 2008.

Reviewed by the HPNA education Services Committee June 2011.